THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA):
(a) and 00 While no survey has been conducted, data on health state and on morbidity of communicable diseases collected regularly in Maharashtra.

(c) Question does not arise.

(d) Villages' in the State are covered through a network of sub-centres, Primary Health Centres and Community Health Centres.

in tribal, hilly and under served areas 161 Primary Health Units (Mini PHCs) and 60 .Mobile Health Units have been establish.

(e) Government of Maharashtra have launched special action plan for tribal and under served areas which include publicity and interpersonal communica tion to motivate people to avail ol these services.

Ms»liEg with Tobacco farmers of Karnataka *to* discuss anti-Tobacco Legislation

1178. SHRI GUNDAPPA KORWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any meeting has- been conducted with the tobacco farmers and b*£'ljv:C>W:!t of Karnataka by Ministry of Health and Family Welfare to discuss with them the proposed auti-tobateo legislation:

lb) details of such meetings, and

(c) the names of the participants and organisations?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA):
la) *to* (c) Government bad organised a National Conference on . Tobacco or Health on 27-28 July, 1991, in which, representatives from various Government/ non-Government organisations including a lew major tobacco growers participated. In the conference, all the tobacco related is^ue were analysed in depth.

गुजरात में कैंसर के उपचारार्थ सुविधायें

1179. श्रीमती उमिला छिमनभाई पटेल : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) गुजरात राज्य में इस समय कैंसर केन्द्रों की संख्या कितनी है ;

(ख) क्या इन केन्द्रों में कैंसर रोगियों के उपचार हेतु अनिवार्य आधार भूत सुविधायें उपलब्ध हैं ;

(ग) यदि नहीं, तो इन सुविधाओं को प्रदान करने के लिये सरकार द्वारा क्या कदम उठाये गये हैं ; और

(घ) चालू वर्ष के दौरान राज्य में इन अस्पतालों के लिये कितनी धन राशि रखी गई है तथा अभी तक कितनी राशि दी जा चुकी है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (डा० सी० वि०केसी) : (क) कैंसर के उपचार के लिये पांच केन्द्र हैं ।

(ख) और (ग) गुजरात कैंसर एवं अनुसंधान संस्थान, अहमदाबाद कैंसर के निदान और उपचार के लिये व्यापक सुविधायें प्रदान करता है । अन्य चार केन्द्रों में विकिरण चिकित्सा सुविधायें उपलब्ध हैं ।

(घ) गुजरात कैंसर एवं अनुसंधान संस्थान, अहमदबाद को 50 लाख रुपये प्रति वर्ष प्रदान किये जाते हैं ।

ईबिन ग्रुप आफ हास्पिटल्स को भी सहायता प्रदान करने का प्रस्ताव है।

Combating Kste-Asc-

11 SO. SHRI PARMESHWAR KUMAR AGARWALLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state-

(a) whether it is a fact that bulk of the Ka!a-azar cases are found in the States of Bihar, West Bengal, Orissa. etc.;

(b) State-wise incidence and aumbei of deaths due to Kala-azar, during the last five years;

(c) the budgetary allocation for kala-azar control programme for different states during the last five years and actual expenditure during these years; and

(d) steps taken to control Kala-azar in different States, the progress towards this and the time frame for its ultimate eradication?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA**):**
(a) Kala-azar cases are reported from the States of Bihar and West Bengal. No kala-azar cases are reported from Orissa.

(b) A statement is annexed **(**See be low)

(c) Budgetary allocation for Kala-azar was started from the year 1990-91. Details of the allocation are given be low:

(Rs. in crores)

Year	Budget Alloca-tion	Bihar	Expendi-ture West Bengal
1990-91	4·06	3·28	0.78
1991-92	15·35	15.35	
1992-93	20·00	19·20	1·74
1993-94	20·00	17·24	8·40

(d) Steps taken include:

— Insecticidal scar-ay to interrupt diseases transmission.

— early detection and prompt treatment

— health education and community par-ticipation.

— Centra! supply fco total requirement of insecticides and drugs under the programme.

As a result of the centra) strategy adopted, a declining trend both in morbidity and mortality due to Kala-azar has been reported since 1993. The present strategy aims at controlling the diseases.